EXHIBIT 8

Verification

Attachment A VERIFICATION

| | VERIFICATION |
|--|---|
| STATE OF New York) COUNTY OF Nassau) | SS |
| Public in and for the state and county af Officer of Atlantic Energy MD, LLC, kn me satisfactory evidence of identity, and the act and deed of such LLC, that the significant in the significant interest in the significant in the significant in the significant i | 6, personally came before me, the subscriber, a Notary Foresaid, Leonard Scarola as the Chief Financial nown to me personally to be such or having presented to d acknowledged this document to be his act and deed and gnature of such individual is in his own proper in this application are true and correct to the best of his |
| | Signature of individual |
| | Printed Name: Leonard Scarola |
| SIGNED AND SWORN (OR AFFIRMED) before me on this Aday of Juce, 2016 by Loonard Scools (name of individual who signed above). SEAL | |
| Signature of Notarial Officer | |
| Title (e.g., Notary Public) | |
| My Commission Expires: | GOBINDJIT SINGH Notary Public - State of New York NO. 01SI6318887 Qualified in Queens County My Commission Expires Feb 2, 2019 |